

# CLAIMS ONLY

Application Number

101648930

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total						
Indep	1					
Total						
Depend	16					
Total						
Claims	17					

  

	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
61						
62						
63						
64						
65						
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93						
94						
95						
96						
97						
98						
99						
100						
Total						
Indep						
Total						
Depend						
Total						
Claims						